

(1) Your Name:
Your Address:
Your City, State, Zip Code:
Your Phone:
ATLAS No.:
Representing Self, Without a Lawyer

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

(2) _____
(Name of Petitioner),

No.: (4) _____

v.

**ORDER STOPPING ORDER
OF WAGE ASSIGNMENT**

(3) _____
(Name of Respondent).

TO: CURRENT employers or other payors of:

Name of Obligor: _____ (5)

Social Security Number: _____

**This Order concerns the Order of Wage Assignment with the same case number as this Order Stopping Order of Wage Assignment. The Order of Wage Assignment was issued on _____ (6)
(Date of Order of Wage Assignment).**

1. You shall stop withholding monies pursuant to the Order of Wage Assignment:

☐ Immediately, OR

☐ After you withhold and send \$_____ to the Support Payment Clearinghouse.

The Clerk of the Superior Court/Clearinghouse is ordered:

- ☐ To release any monies currently in the Clerk/Clearinghouse's possession based on an Order directing the Clerk of the Court to "hold" monies pending the direction of the Court:
- ☐ to the obligee/payee in total and any future payments, OR
 - ☐ to the obligor/payor in total and any future payments, OR
 - ☐ to the obligee/payee in the amount of \$_____. The remainder and any future payment shall be sent to the obligor/payor, OR
 - ☐ release current support in the amount of \$_____ per month to the obligee/payee and the remainder, if any, to the obligor/payor, OR
 - ☐ Other. _____
- _____
- _____

OR

- ☐ To disburse any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer in the amount of \$_____ to the obligee/payee and return the remainder to the obligor/payor.

OR

- ☐ To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.

OR

- ☐ Other. _____
- _____
- _____
- _____

Dated: _____

Judicial Officer

INSTRUCTIONS FOR COMPLETING AN ORDER STOPPING AN ORDER OF ASSIGNMENT

DEFINITIONS:

"Obligor" is the person ordered to make support payments.

"Obligee" is the person or agency entitled to receive support.

COMPLETE THIS FORM IF:

You completed a **Request to Stop Order of Assignment** and marked a box in section A of Item 8 on the Request form.

TO COMPLETE THIS FORM YOU WILL NEED:

Information from or your copy of the Order of Wage Assignment.

FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

- (1)** Fill in your name, address, and phone number.
- (2)** Fill in the name of the person shown as the petitioner on the Order of Assignment.
- (3)** Fill in the name of the person shown as the respondent on the Order of Assignment.
- (4)** Fill in the case number that appears on the Order of Assignment.
- (5)** Fill in the name and social security number (SSN) of the Obligor.
- (6)** Fill in the date the Order of Assignment was signed (Item 11 on the Order of Assignment).

Leave the rest of the form blank. The judicial officer (judge, commissioner, or referee) will complete the remaining items at the time of hearing.

WHEN YOU HAVE COMPLETED THIS FORM:

Submit this form to the Clerk of Court along with your **Request to Stop or Modify the Order of Assignment**.